

jumped to over \$1,000 a month. Again, he made some changes. By opting for the highest possible deductible, he was able to bring his premiums down to \$888 a month. Think about that: He is paying 300 percent more than he paid for health coverage 8 years ago and getting a lot less for it.

He isn't a costly patient. His valve condition is asymptomatic. He has never made a claim for illness or injury. He receives routine medical care. His high deductible rarely kicks in. Here is the problem. Because of his high deductible and expense of health insurance, he is afraid to go to a doctor, that it will create another red flag for the health insurance company to raise his premiums even more.

It is unfair to him, Doug Mayol, working in Springfield, IL, as a small business owner, a man whose insurance company has never paid a claim, to watch his costs explode from \$200 a month to \$1,000 a month in just a few years. Sadly, if we follow the advice of the Senator from Kentucky, it will get worse.

President Obama has challenged us to take on this reform. This is not easy, believe me. There are health insurance companies that are going to fight us every step of the way. Anytime we step in to try to protect Doug and other families to make insurance affordable and to make sure it is quality, they are going to argue it is too much government, such as we heard from the Senator from Kentucky this morning. What he had to say is what we hear from the health insurance companies: Leave it alone, leave the system alone.

Can we afford for Doug Mayol and millions of Americans to leave this alone? We have to make sure we move toward a situation that recognizes we face a crisis. It is a crisis of cost and a crisis when it comes to availability of health insurance. We have to hold the health insurance companies accountable to provide us affordable quality care. We have to change the system so we have early detection of problems—preventive care. We have to ring some of the costs out of the system.

One of the persons who has made a comment on this regularly whom I respect very much is a doctor in Boston named Atul Gawande. He recently, in a June 1 article in the *New Yorker*, talked about the disparity in cost around the United States for Medicare. It is clear that in some parts of the country—and he was speaking of McAllen, TX, at this point—the cost for Medicare patients is dramatically higher than they are in other places. We can bring costs down to a reasonable level and try to take control of a system that is currently out of control, but we cannot do it if every day we are reminded of problems that do not exist. That is what we have heard from the other side of the aisle.

They are arguing that we want to take away people's health insurance. Absolutely false. We said: If you like your health insurance, you can keep it.

They argue the government will take over the health care system. I have not run into anybody who has suggested that. What we want to do is have public health insurance and have a private option, which the Senator from New York is going to address in a moment when I close.

This is an important debate for every single American. It is time to put together reform that assures quality and affordable health care for all Americans.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from New York.

Mr. SCHUMER. Mr. President, I thank my friend and colleague from Illinois for his strong and forceful words, meaningful, bringing it home, as he always does, in a very strong and good way about individuals and how they are affected.

I would like to talk a little bit about where we are in health care and where we have to go. Let me say that about 10 years ago—I cannot remember the exact time—one of the major issues we faced was called the Patients' Bill of Rights. Doctors and patients felt—everyone felt—that HMOs were taking undue advantage of them. Doctors, if a patient desperately needed a prescription, would call some accountant in a faraway city and could not get approval and the patient would not get the medicine. It sort of hit home.

There was a movie called "As Good As It Gets," with Jack Nicholson, and I cannot remember the name of the woman who starred in it. The family could not get the health care they needed because the HMO turned them down. I believe it was her child who was hurting. When she and Jack Nicholson made remarks about how somebody has to keep an eye on these HMOs, in theaters across America, the audience got up and cheered.

That is, again, what we are talking about when we talk about public option. Every one of us has a friend, a family member—maybe it is ourselves—who has experienced the basic intransigence of insurance companies in providing—even when you have a package of benefits—the kind of care you or a loved one, a member of your family, needs.

It is clear in America the insurance companies—and they are doing their job maximizing their profit to their shareholders. Of course, our capitalist system says they have to maximize it by trying to sell as many policies as possible. So there is some check on them. But it is clear America is not happy with insurance companies.

My good friend from Kentucky, the minority leader, keeps saying we do not want the government involved. Well, let me ask him: Who is going to protect the individual and even some of the individual providers—the doctor in a small town or in an inner city—from an insurance company when the insurance company either charges too much or tries to get rid of the small business-

man—such as in the case of the gentleman from Springfield whom my friend DICK DURBIN talked about—or when they deny coverage or when they tell you because you have a preexisting condition that you can't get coverage or they are not renewing your proposal or whatever?

We understand there needs to be a check on the insurance companies. Left alone, they will not provide the kind of low-cost, full health care many Americans need. And when we propose a public option, we are proposing someone to keep a check on them. That is the only point. If we had complete faith in the insurance companies, we wouldn't be debating a public option. If we had complete faith that, left on their own, when an individual had the situation of an illness and their costs went way up, they would say: Sure, we are going to take care of you, you signed the contract when you were healthy and now you are sick—and sometimes that happens. I am not saying it never happens, not for sure. But what about all the instances when it doesn't? What about the worry the rest of us have? And praise God, we are healthy, but it might happen. There has to be a check on the insurance companies, and that is what the so-called public option does.

Insurance companies are part of the free enterprise system, and it is a great system, but the goal of the insurance company—it is probably in their charters, but it is how our system works—is to maximize profits to their shareholders by producing a good product. But we all know, particularly when it comes to health, that system has major flaws. It sometimes works and it sometimes doesn't work.

If we thought only the private sector should provide health care, we wouldn't have Medicare. And I know there are some—way over on the right side—who would like to get rid of Medicare. If we thought private insurance on its own worked just fine, we wouldn't have fought for years for a patients' bill of rights. So this idea coming from the minority leader that we should have no check on the insurance companies, which is what we would have if we had no form of public option, isn't where the American people are, and it is certainly not where I am.

Some bring up—and I think it is a valid argument—well, if the government is involved—and by the way, what we are proposing here is not that the government take over health care. We are proposing that in this exchange where all kinds of insurance companies compete, there be at least one that doesn't put the profit motive above all else but has to put patients above all, a public option. It doesn't make a profit. And what we are saying is, if you believe in competition, why not let the public option compete? We do this in State governments. In State governments, if you are a State worker in some States, you can sometimes get a public plan or a private plan. The consumer chooses. And that is how it